Kairos Prison Ministry International, Inc.

ADVANCED KAIROS TRAINING REGISTRATION FORM

Please complete and send to the AKT Contact Person listed at www.mykairos.org Please do NOT include a personal check. If you would like to make a tax deductible donation to your local Advisory Council to offset the cost, then please do so. However the AKT registration is paid by your local state. All registration forms to be in hands of AKT Coordinator Two Fridays prior to the Friday of training at 4:00 pm EST. ***Participants must be in attendance for the entire 3 day training to receive credit for Advanced Kairos Training. Be sure and bring your Program Manual to training, as no manuals will be available!***

DO NOT SEND THIS APPLICATION TO THE KAIROS INTERNATIONAL OFFICE

Check Appropriate Ministry: Kairos Inside ☐ Kairos Outside ☐ Kairos Torch ☐

Training Location/Date: _____

PARTICIPANT'S INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONES: _____ Home _____ Work _____ Cell

EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

REASON FOR ATTENDING:

Please complete information for both if you are an upcoming Observing Leader and Leader.
If this is a #1 weekend, you must have previously contacted the prospective program coordinator.

1a**. Observing Leader 2** (*Kairos Outside only*) - Weekend # _____ Dates: _____
State _____ AC Name: _____

1b**. Observing Leader** – Weekend # _____ Dates: _____
State: _____ AC Name: _____

1c**. Leader** – Weekend # _____ Dates: _____
State: _____ AC Name: _____

Dates for Leader should be no more than 24 months from the training date

2. **Advisory Council Member** – State: _____ AC Name: _____

3. **Other** _____

LODGING: Commuter ☐ Single Room ☐ Double Room ☐

SPECIAL NEEDS: (Dietary and/or Sleeping Arrangements)

_____

NUMBER OF WEEKENDS SERVED: _____

FLIGHT ARRIVAL INFO (if applicable) _____

FLIGHT DEPARTURE INFO (if applicable) _____